

UnitedHealthcare® Group Medicare Advantage (HMO)

Effective January 01, 2013 to December 31, 2013

City of Seattle - Fire and Police

Group Number: 808019

H5005-803

Medical Benefits (Medicare-Covered)	Your In-Network Cost (unless otherwise noted)	
Doctor Office Visits		
Primary care physician	\$10 copay	
Specialist	\$20 copay	
Preventive Care		
Annual wellness visit	\$0 copay	
Prostate cancer screening	\$0 copay	
Breast cancer screening	\$0 copay	
Immunizations	\$0 copay	
Inpatient Care		
Inpatient hospital care	\$200 copay per admission	
Skilled Nursing Facility (SNF) care	\$0 copay per day: days 1-20 \$50 copay per additional day up to 100 days	
Outpatient Services		
Radiation therapy	\$25 copay	
Outpatient surgery and hospital services	\$100 copay	
Outpatient rehabilitation services	\$25 copay	
Lab Services		
Laboratory tests	\$0 copay	
X-rays	\$0 copay	
Diagnostic radiology services	\$25 copay	
Emergency Services		
Ambulance services	\$50 copay	
Emergency care	\$50 copay	
Urgently needed care	\$35 copay	
Other Medicare-Covered Benefits		
Chiropractic services	50% coinsurance	
Podiatry services	\$20 copay	
Eye exam	\$20 copay	
Hearing exam	\$20 copay	
Annual Costs		
Annual out-of-pocket maximum	\$2,000	

Medical Benefits	Your In-Network Cost (unless otherwise noted)	
Additional Benefits and Programs Not Covered Under Medicare		
Routine podiatry services	\$20 copay (Up to 6 visits per plan year)	
Hearing Services		
Routine hearing exams	\$0 copay (1 exam every 12 months)	
Hearing aids	Plan pays up to \$500 (every 3 years)	
Vision Services		
Routine eye exam (refraction)	\$20 copay (1 exam every 12 months)	
Fitness program	Basic membership in a fitness program at a network location	
NurseLine SM	Speak with a registered nurse (RN) 24 hours a day	
Solutions for Caregivers ^{**}	Provides support for caregivers	

^{**}The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare Group Medicare Advantage (HMO) grievance process.

Prescription Drugs	Your Cost	
	Network Pharmacy (31-day supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred generic	\$4.00 copay	\$8.00 copay
Tier 2: Preferred brand (includes some generic)	\$28.00 copay	\$74.00 copay
Tier 3: Non-preferred brand (includes some generic)	\$58.00 copay	\$164.00 copay
Tier 4: Specialty tier	33% coinsurance	33% coinsurance
Coverage gap stage (after prescription costs reach \$2,970) ^{***}	You pay 47.5% of the price (plus the dispensing fee) for brand name drugs and 79% of the price for generic drugs	
Catastrophic coverage stage (after you have paid \$4,750 out-of-pocket)	The greater of \$2.65 copay for generic, \$6.60 copay for brand-name, or 5% coinsurance	

^{***}For more information about the Coverage gap stage and what this means for you, please refer to your Summary of Benefits.

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see the Bonus Drug List in your Your Plan Explained.

1-877-714-0178, TTY 711¹

8 a.m. – 8 p.m. local time, 7 days a week

¹Already a member? Call the customer service number on the back of your member ID card.

This is a highlight of benefits only and is not all-inclusive of the plan benefits, services, limitations or exclusions. For additional information please refer to the Summary of Benefits provided within this kit.

UnitedHealthcare® Medicare Advantage plans are insured through UnitedHealthcare Insurance Company and its affiliated companies, a Medicare Advantage organization with a Medicare contract. Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change each plan year. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

OptumHealthSM is a health and well-being company that provides information and support as part of your health plan. NurseLineSM nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLineSM services are not an insurance program and may be discontinued at any time.